

UNITED STATES DEPARTMENT OF COMMERCE Patent and Trademark Office

COMMISSIONER OF PATENTS AND TRADEMARKS Address: Washington, D.C. 20231

ATTORNEY DOCKET NO./TITLE FIRST NAMED APPLICANT FILING/RECEIPT DATE APPLICATION NUMBER 04435779243 SORGE 06/23/99 99/338,855

6242/0719

KATHLEEN MADDEN WILLIAMS PANNER & WITCOFF LTD 28 STATE STREET COTH FLOOR BOSTON MA 02109

NOT ASSIGNED

1650

DATE MAILED:

07/19/99

NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay any fees required below to is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay any lees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of \$65.00

avoid abandonment. Extensions of time may be obtained by find a missing, the SURCHARGE set forth in 37 CFH 1.16(a) obtained by find a missing, the SURCHARGE set forth in 37 CFH 1.16(a) obtained by find a missing, the SURCHARGE set forth in 37 CFH 1.16(a) obtained by find a missing, the SURCHARGE set forth in 37 CFH 1.16(a) obtained by find a missing, the SURCHARGE set forth in 37 CFH 1.16(a) obtained by find a missing of the surface of the missing of t
for a small entity in compliance with a
to this NOTICE to avoid abandonment.
to this NOTICE to avoid abandonment. If all required items on this form are filed within the period set above, the total amount owed by applicant as a small entity (statement filed) non-small entity is \$
X small entity (statement mod) — many
missing. insufficient. insufficient. insufficient. insufficient.
Applicant must submit \$ to dompto
Do The following additional claims lees are due.
\$total claims over 20.
forindependent claims over 3.
for multiple dependent claim surcharge.
\$for multiple dependent claim surcharge. Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.
The eath or declaration:
is missing or unsigned. It is missing or unsigned.
does not cover-the flewly suith 37 CFB 1, 63, including residence information and identifying
the above Application Number and Filing Date is required.
An oath or declaration in compliance with 37 G/M and a second of the above Application Number and Filing Date is required. the above Application Number and Filing Date is required. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42,
1.43 or 1.47.
A properly signed bath of destantation and filing Date, is required. Application Number and Filing Date, is required.
Application Number and Filing Date, is required: 5. The signature of the following joint inventor(s) is missing from the oath or declaration:
at all inventors and signed by the omitted
An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required. inventor(s), identifying this application by the above Application Number and Filing Date, is required.
inventor(s), identifying this application by the above Application variable and payment (37 CFR 1.21(m)).
inventor(s), identifying this application by the above Application Number and Timing Dates inventor(s), identifying this application by the above Application Number and Timing Dates inventor(s), identifying this application by the above Application Number and Timing Dates inventor(s), identifying this application by the above Application Number and Timing Dates inventor(s), identifying this application by the above Application Number and Timing Dates in vision (s), identifying this application by the above Application Number and Timing Dates in vision (s), identifying this application by the above Application Number and Timing Dates in vision (s), identifying this application by the above Application Number and Timing Dates in vision (s), identifying this application by the above Application Number and Timing Dates in vision (s), identifying this application by the above Application Number and Timing Dates in vision (s), identifying this application by the above Application Number and Timing Dates in vision (s), identifying this application by the above Application Number and Timing Dates in vision (s), identifying this application by the above Application Number and Timing Dates in vision (s), identifying this application (s), identifying this
 □ 6. A \$50.00 processing fee is required since your check was returned without payment. □ 7. Your filing receipt was mailed in error because your check was returned without payment. □ 7. Your filing receipt was mailed in a language other than English.
The application was filled in a language of the standard the \$130,00 set forth in 57 or 11 miles
Applicant must file a verified English translation of the application, the \$100.00 Applicant must file a verified English translation of the application, the \$100.00 Applicant must file a verified English translation is accurate (37 CFR 1.52(d)). previously submitted, and a statement that the translation is accurate (37 CFR 1.52(d)).
T A ATUED.
Direct the reply and any questions about this notice to "Attention: Box Missing Parts."
Direct the reply and any questions described as a second with the reply.
A copy of this notice <u>MUST</u> be returned with the reply.
(1) Corida Caton
1-1-1 1 1 1 1 1 W

Customer Service Center

Initial Patent Examination Division (703) 308-1202

U.S. GPO: 1998-446-824